



NEW MEXICO
CAREGIVERS
COALITION

New Mexico Caregiver Emergency Child Care Grants

Date: _____

Eligibility:

- Person who works as a home care worker and has young child/children (0-12) in child care settings.
- **Applications must be accompanied by proof of payment for child care service(s) such as copy of receipt dated March 9, 2020 or later from the provider.**
- Child care providers recognized under emergency NM Public Health Order(s) may apply.
- Grant amount is \$100. Applicant may apply up to three (3) times, once each month beginning March 20, 2020. New application must be submitted each month.
- Applications may be submitted via fax to (505) 393-5101, email to info@nmdcc.org or mailed to P.O. Box 297, Bernalillo, NM 87004.
- Check will be mailed within three (3) business days.

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Cell: (_____) _____ Other: (_____) _____

Email: _____

Best way to contact you? Phone Text Email Other: _____

Age: _____ Gender: Male Female Prefer not to answer Other: _____

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White Other: _____

Ethnicity: Hispanic or Latino or Spanish Origin Not Hispanic or Latino or Spanish Origin

1. Do you have children? YES NO

How many children do you have? _____ What are their ages? _____

How many children are cared for in child care? _____

2. Are you currently employed as a caregiver/home care worker/personal care attendant? YES NO
Hourly wage: _____ Number of hours worked per week _____

3. If you are not currently working as a caregiver, are you employed elsewhere? YES NO
Place of employment _____

Proof of payment (receipt) that you, the Applicant, paid to a child care provider dated March 9, 2020 or later, MUST BE SUBMITTED with this application, before application can be reviewed. Fax to (505) 393-5101, email to info@nmdcc.org or mail to P.O. Box 297, Bernalillo, NM 87004.